

# NATIONAL Assessment Centre Services.

Ref: 1 Jan 2021

NA20059343

|                              |  |                       |         |
|------------------------------|--|-----------------------|---------|
| Date In: 14/01/2020 12:57    | Job description                          | Date & Time Completed | Done by |
| Ref No: 1488/CIT 2000 7270/4 | SAS e-illing                             |                       |         |
| Veh No: SK1 3852C            | E-mail (Mobile num, AIC 2hrs)            |                       |         |
| D.O.A: 20/01/2020 12:30      | I-Motor Claims Form                      |                       |         |
| OD: TP: Reporting Only       | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
| TP Insurer:                  | I-Photo Uploaded                         |                       |         |
|                              | Assessment/Survey Report                 |                       |         |
|                              | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tels:  | Fax:                  |
| TP Particulars:                          | Veh No: SMR 6913X  | INC ( ) / Non-INC ( ) |
| Owner / Driver: (                        | Tel:   |                       |
| Policy No: (                             | Period: (  | Cover Type: (         |
| Confirmed by: (                          | Date:  | Time:                 |
| Insured/Driver Liability: (              | %) [Note: Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] |                       |
| Year of Registration: (                  | Warranty: YES ( ) / NO ( )                                   |                       |
| Excess: (\$                              | Loading: \$1,000 ( ) / \$2,000 ( )                           |                       |

|  |
|--|
| ( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of rapolator. |
| ( ) Total Loss Case: to e-mail Insurer URGENTLY.   |
| Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )                             |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( )  |
| 2) QC Check / Post Repair Inspection ( )   |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  |

|                     |
|---------------------|
| Injury: ( )         |
| Date of Injury: ( ) |
| Location: ( )       |
| Witness: ( )        |
| Police: ( )         |
| Insurance: ( )      |
| Other: ( )          |

|                                 |  |             |
|---------------------------------|--|-------------|
| NA2003700                       | 1) AIC: Accident Reporting (\$30)                | INC (110)   |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100)                 | \$40/43     |
| Contact No:                     | 3) TP: Towing Fee                                | \$120       |
| Damaged Portion:                | 4) PT: Follow-Through Survey                     | \$30        |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey)          | \$30        |
| Vehicle Comments:               | For claiming against INC Only (over 10 Jan 2020) | \$75        |
| Ref: 1                          | 6) TR: Re-inspection                             | \$160       |
| 2/2                             | 7) NI: Idea DA + EMRT Survey                     |             |
|                                 | 8) NTUC Additional Services:                     |             |
|                                 | ON:  | \$3         |
|                                 | *NS: Courtesy Car / Tpt Allowance                | \$10        |
|                                 | *NR: Repair Coordination                         | \$25        |
|                                 | *NT: Post Repair Inspection                      | \$3         |
|                                 | *ND: DV / Collect Brochure Coordination          | \$20        |
|                                 | TP (NI): TP (For INC) against INC                | \$0         |
|                                 | 9) NI: Idea Mobile                               |             |
|                                 | Invoice dated                                    | Fee Charged |
|                                 | Invoice dated                                    | Fee Charged |



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

|                            |                                 |
|----------------------------|---------------------------------|
| Date Of Report             | 14/07/2020 12:51                |
| Date Of Accident           | 20/05/2020 12:30                |
| Exact Location Of Accident | FERNVALE STREET BLK 471 CARPARK |
| Country/State of Loss      | SINGAPORE                       |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKT3852C             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | GO-RENT PTE LTD      |
| Co Reg No                   | 2XXXXX747D           |
| Email Address               | XDETOX32@GMAIL.COM   |
| Mobile Phone No             | (LOCAL) +65-92223331 |
| Alternative Phone No        | OFFICE-91154422      |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | VOLKSWAGEN         |
| Model  | GOLF               |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USE        |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                 |
| If No, Please state action to be taken                                       | REPORTING ONLY     |
| Vehicle Category   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |   |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                                 |
| Fleet Policy              | NO  |
| Policy Number             | DMHCSNA00000742000                            |
| Cover Note Number         |   |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | YAZID MUNIR SUNGKAR  |
| NRIC No              | SXXXX479D            |
| Date Of Birth        | 12/04/1985           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 27/10/2012           |
| Driving Experience   | 7 YEARS AND 6 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-92223331 |
| Fax Number           |                      |
| Contact Number       | OTHERS-91154422      |
| Email Address        | XDETOX32@GMAIL.COM   |

|   |  |
|---|--|
| Address   | BLK 607 BEDOK RESEVOIR ROAD<br>#02-824 |
| Postcode  | 470607                                 |
| Was driver an employee of the Insured's Company     | NO                                     |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                          |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                            |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                            |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR                    |
| Road Surface       | DRY                      |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 2   |
| Was any body injured in the Accident?   | YES |
| Was any injured conveyed to hospital by ambulance?  | NO  |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200714/7008

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |               |
|-------------------------------------|---------------|
| Vehicle Registration Number         | SME6913X      |
| Vehicle Make/Model/Colour           | HONDA SHUTTLE |
| Details Of Properties               |               |
| Vehicle Category                    | PRIVATE CAR   |
| Name of Driver                      |               |
| NRIC/Passport Number                |               |
| Contact Number                      |               |
| Address                             |               |
| Postcode                            |               |
| Insurance Company Name              |               |
| Nature Of Damage                    |               |
| No. Of Passenger (Including Driver) |               |

#### DETAILS OF INJURED PERSON 1

|      |                     |
|------|---------------------|
| Name | YAZID MUNIR SUNGKAR |
|------|---------------------|

|   |               |
|---|---------------|
| Approximate Age                                     |               |
| Injuries Sustain                                    | SLIGHT INJURY |
| Injured person in which vehicle?                    | SKT3852C      |
| Were seat belts worn?                               | YES           |
| Was this injured conveyed to hospital by ambulance? | NO            |
| Address   |               |
| Postcode  |               |



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
    - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
    - (ii) investigating the accident and/or my claims;
    - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
    - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
  - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- 
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

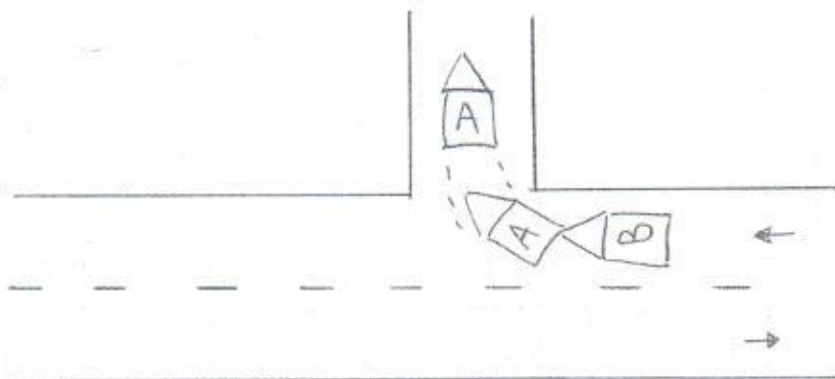
Reporting Centre Personnel's signature  
Name:  
NIC/FIN No.:



SKETCH PLAN

A: SKT 3852C

B: SME 6913X



FERNVALE STREET BLK 471 CARPARK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, my vehicle was park  
at Fernvale Street Blk 471 Carpark. I was making  
a reverse to exit ~~my~~ from my parking lot when vehicle  
B collided on to my vehicle rear portion.

POLICE REPORT T/20200714/7008.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel Signature  
Name:  
NRIC/FIN No.:

14/07/2020  
[Signature]

Date of Accident : 20/05/2020 Accident Time: 1230 (24-HR-Format)  
Accident Place : Fernvale Street B1K 471 carpark  
Vehicle No. (Car Plate No.) : SKT 3852 C Make/Model: Volkswagen Golf  
Insurance Company : China Taiping Policy No: ~~PH~~ DMHCSNA 00000 742000  
Owner or Company Name / IC No. : Go- Rent Pte Ltd 201824747 D  
Owner or Company Contact No. : 9212 3331 Owner's Hp Company Tel  
DRIVER'S Name / IC No. : Yazid Munir Sungkar 58511479D  
DRIVER'S Date Of Birth : 12/04/1995 DRIVER'S License Pass Date 07 Sep 2015  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Rental  
DRIVER'S Address : B1K 607 Bedok Reservoir Road #02-624 S1470607  
DRIVER'S Contact No./ Alt No. : 1) 9115 4422 2)  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : xdetox32@gmail.com  
Weather & Road Surface : LEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state):

Other Party Driver's Particular (if any)

|                              |                              |
|------------------------------|------------------------------|
| Vehicle No: <u>SME 6913X</u> | Vehicle No: _____            |
| Vehicle Make/Model: _____    | Vehicle Make/Model: _____    |
| Name Driver: _____           | Name Driver: _____           |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

\* NEW - Passenger's name & gender:





# SINGAPORE POLICE FORCE



T/20200714/7008

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200714/7008

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |  |  |                            |                  |
|--|------------|--|--|----------------------------|------------------|
| Date/Time Report Made:<br>14/07/2020 12:02 |            | Vide Report No.:                         |  | Station Diary No.:         |                  |
| <b>Informant's Particulars</b>             |            |  |  |                            |                  |
| Name of Informant:<br>YAZID MUNIR SUNGKAR  |            |  | Address:<br>APT BLK 607 BEDOK RESERVOIR ROAD #02-624<br>SINGAPORE 470607 |                            |                  |
| ID Type / ID No.:<br>NRIC NO / S8511479D   |            |  | Contact No.:<br>Home/Office:   |                            | Mobile: 91154422 |
| Nationality:<br>SINGAPORE CITIZEN          |            |  | Email:<br>yazidsungkar@rocketmail.com                                    |                            |                  |
| Sex:<br>Male                               | Age:<br>35 | Date of Birth:<br>12/04/1985             | Type of Informant:<br>Driver   |                            |                  |
| Race:<br>Arab                              |            | Language:<br>English                     |  | Institution / School Name: |                  |
| Occupation:<br>GRAB DRIVER                 |            | Driving Licence Information:<br>Class: 3 |  | Date of Expiry:            |                  |

**General Information of the Accident**

|  |                  |                                    |  |                                     |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>20/05/2020 12:30 | Type of Location:<br>Car Park       |
| Location:<br>FERNVALE LINK                                   |                  |                                    |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               | Road Speed Limit:<br>20 Km/h               |                                     |
| Traffic Flow:<br>Dual Carriage Way                           |                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>No Traffic              |                                     |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make           | Model   | Color  | Condition           | No of Passenger |
|-------------|------|----------------|---------|--------|---------------------|-----------------|
| SKT3852C    | Car  | VOLKSWAGO<br>N | GOLF    | Black  | Slightly<br>Damaged | 0               |
| SME6913X    | Car  | HONDA          | SHUTTLE | Silver | Slightly<br>Damaged | 0               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





**SINGAPORE  
POLICE FORCE**



T/20200714/7008

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200714/7008

**CONTINUATION OF REPORT**

| Driver                            |                     |                  |   |
|-----------------------------------|---------------------|------------------|---|
| Name                              | YAZID MUNIR SUNGKAR |                  | ID No. S8511479D  |
| Related Vehicle                   | SKT3852C (Car)      |                  | Contact No. 91154422  |
| Hospital/Clinic                   | NIL                 |                  | Class of Driving Licence & Expiry Date<br>Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                 | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | NIL                 | Degree of Injury | Slight  |

Brief Details.

ON THE ABOVE STATED DATE AND TIME , MY VEHICLE WAS PARK AT FERNVALE STREET BLK 471 CAR PARK .

I WAS MAKING A REVERSE TO EXIT FROM MY PARKING LOT WHEN VEHICLE SME6913X COLLIDED ON TO MY VEHICLE REAR PORTION.

I AM MAKING THIS REPORT FOR MEDICAL AND INSURANCE PURPOSES.



**SINGAPORE  
POLICE FORCE**



T/20200714/7008

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200714/7008

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
14/07/2020 12:02

Classification Of Case:



Go-Rent Pte Ltd

Reg No. 201824747D

Office Address: 2 Venture Drive #14-28 Vision Exchange Singapore 608526

**AUTOMOBILE LEASE AGREEMENT**

Agreement No.: SK001424

Agreement Date: 09.04.2020

|         |  |            |            |
|---------|--|------------|------------|
| Lessor  | Go-Rent Pte Ltd                                  | ROC No.    | 201824747D |
| Address | 2 Venture Drive #14-28 Vision Exchange S(608526) | Office No. | 6904 8508  |

|                   |                                       |               |            |            |          |
|-------------------|---------------------------------------|---------------|------------|------------|----------|
| Lessee            | YAZID MUNIR <del>SONG</del><br>SUNGAR | NRIC/UEN No.  | S8511471D  | Contact 1  | 91154422 |
| Address           | BLK 607 BEDOK RESERVOIR #02-590       |               | S1490607   | Contact 2  |          |
| Email Address     | yazidsungar@rocketmail.com            | Date Of Birth | 12.04.1985 | Contact 1  |          |
| Address           |                                       |               |            | Contact 2  |          |
| Company           |                                       |               |            | Occupation |          |
| Co. Address       |                                       |               |            |            |          |
| Driving Pass Date | 27.10.2012                            | Driving Class | 3          | D.O.Birth  |          |

|                   |   |               |  |            |  |
|-------------------|---|---------------|--|------------|--|
| Co-Lessee / GTR   |   | NRIC/UEN No.  |  | Contact 1  |  |
| Address           |   |               |  | Contact 2  |  |
| Named Driver 2    |   | NRIC/UEN No.  |  | Contact 1  |  |
| Company           |   |               |  | Occupation |  |
| Co. Address       |   |               |  |            |  |
| Driving Pass Date | CONTRACT EXTENDED TILL 31-03-2020<br>@ RM 450 DAILY | Driving Class |  | D.O.Birth  |  |

**DESCRIPTION OF VEHICLE (Personal/Private Hire)**

|                  |                            |             |               |
|------------------|----------------------------|-------------|---------------|
| Registration No. | SKT 3852C                  | Colour      | BLACK         |
| Make / Model     | VW GOLF                    | Chassis No. | AS PER RECORD |
| Reg. Date        | ** (New / Used) 03.06.2015 | Engine No.  | AS PER RECORD |

**TERMS OF RENTAL PAYMENT & PERIOD 1 DAY PER DAY RENTAL**

|                    |                 |                            |                                    |
|--------------------|-----------------|----------------------------|------------------------------------|
| Leasing Period     | 1 MONTH         | Deposit                    | \$500 TOP UP WEEKLY                |
| Leasing Start Date | 09.04.2020      | 1 <sup>st</sup> Rental Fee | \$500 (RENTAL \$256 + DEPOSIT 244) |
| Leasing End Date   | 09.05.2020      | Weekly Rental Fee          | \$256                              |
| Termination Charge | AS PER CONTRACT | Weekly Rental Due on       | EVERY WEEK 8PM                     |

ADMIN CHARGE \$150  
APPLIES FOR HIN STICKER

Page 1 of 7

\$500 PAYMENT  
09.04.2020 1500HR





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/B

N SN

AN0214A

Cov. Type C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1989  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1985 (Malaysia)

|  |  |                                     |             |
|--|--|-------------------------------------|-------------|
| CERTIFICATE No.  | DMHCSNA00000742000   | Engine No.: CJ2502935               |             |
|  |  | Chs. No. WVVZZZAU2FW20482           |             |
| 1. Index Mark and Registration Number of Vehicle   | SKT3852C   | AUTOSAFE                            |             |
| 2. Name of Policy Holder   | GO-RENT PTE. LTD.  |                                     |             |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 30/01/2020   | Excess Sect I                       | \$53,000.00 |
|  |  | Excess Sect. I (Outside Singapore)  | \$54,000.00 |
| 4. Date of Expiry of Insurance   | 29/01/2021   | Excess Sect. II                     | \$53,000.00 |
|  |  | Excess Sect. II (Outside Singapore) | \$54,000.00 |
|  |  | EX ON WINDSCREEN                    | \$5100.00   |
| 5. Persons or Classes of Persons entitled to drive?  | As per Named Driver(s) stated below.<br>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.  |                                     |             |
|  | ANY EMPLOYEE OF THE COMPANY  | ANY AUTHORISED HIRER/DRIVER         |             |
| 6. Limitations as to use?  | (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.<br>(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.<br>The Policy does not cover:<br>(1) Use for racing, pace-making, reliability trial or speed-testing<br>(2) Use whilst towing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. |                                     |             |

HIRE PURCHASE CO. / TAI HUAT CREDIT PTE LTD AS HP OWNER

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Chua Suat Lay Sally  
Authorized Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200206384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com